

Nilah Rodgers

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Reader's Digest

95¢

CLONES WILL THERE BE "CARBON COPY" PEOPLE?

PAGE 95

Conversations With a Gorilla . . . <i>National Geographic</i>	81
Why We Need Spies . . . <i>Melvin R. Laird</i>	87
Any Fool Can Make a Rule. . . "The Official Rules"	99
Seven Shelters Against Inflation . . . <i>James Daniel</i>	109
Suddenly, It's Spring! . . . <i>Richmond News Leader</i>	114
"It Won't Hurt, 'Cause You're My Brother" * . . . * <i>Nilah Rodgers</i>	116 *
The Colombian Connection . . . <i>Nathan M. Adams</i>	122
Are Men and Women Really Different? . . . <i>Redbook</i>	128
The Spy in the Rust-Colored Trenchcoat . . . A Mystery	131
A Politician Shouldn't Own His Job . . . <i>John Hubbell</i>	132
Meet Maxim's of Paris . . . <i>Christopher Lucas</i>	136
Success Means Never Feeling Tired . . . <i>Mortimer J. Adler</i>	141
Oil and Turmoil in Iran . . . <i>Carl T. Rowan & David M. Mazie</i>	146
Is It Sinister to Be Left-Handed? . . . <i>Jack Fincher</i>	151

LOST AT SEA A DRAMA IN REAL LIFE

PAGE 102

Minding America's Manners <i>Time</i>	155
The Master Diet Plan—It Works! "The Thin Game"	163
Williamsburg, Where Yesterday Lives Picture Feature	174
How to Be a Perfect Pest "How to Eat Like a Child"	187
Homage to the Vanishing Prairie <i>Larry Van Goethem</i>	209
Book Section { A Private Battle <i>Cornelius & Kathryn Morgan Ryan</i>	215

NEW WAYS TO CUT YOUR LOCAL TAXES

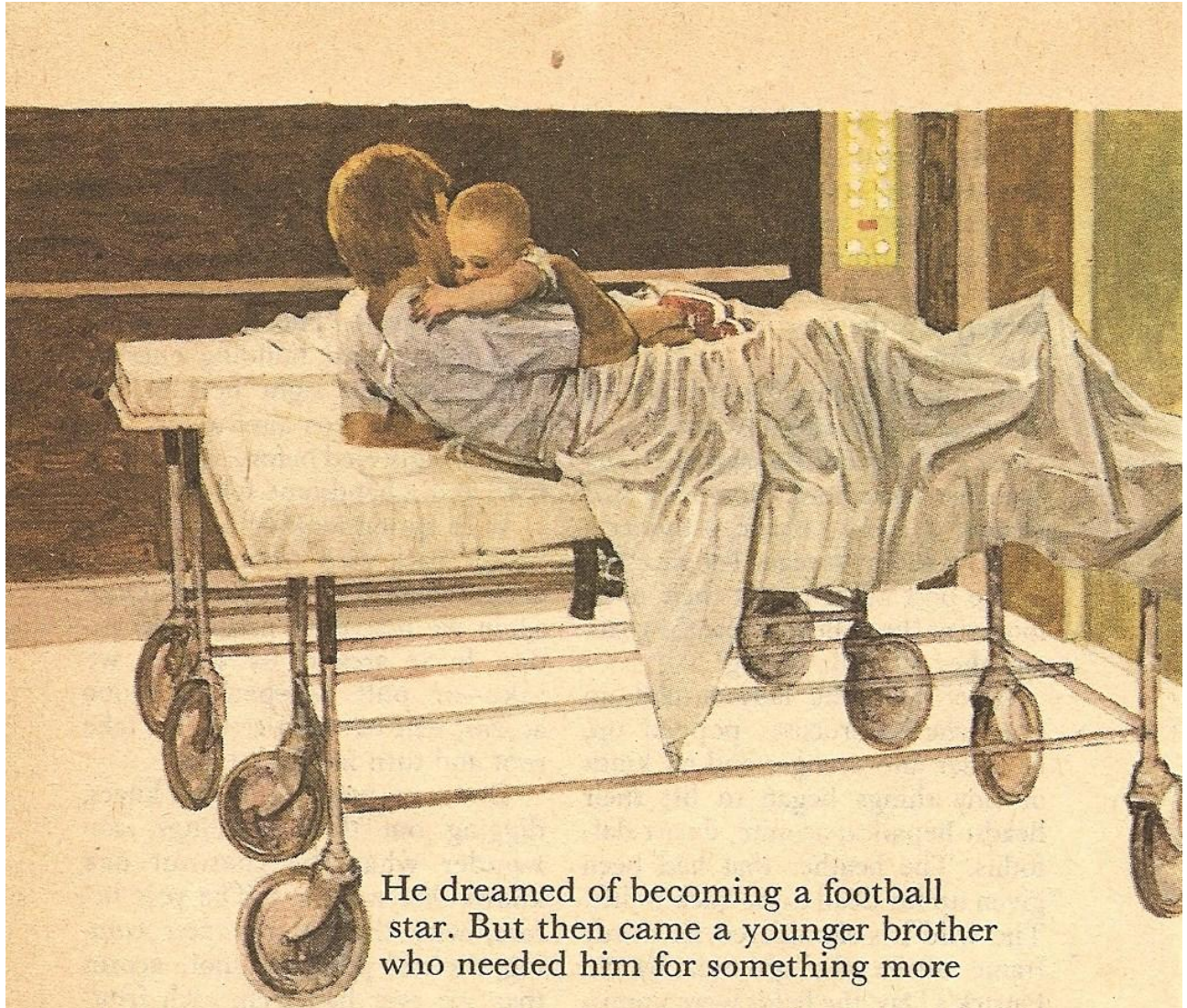
PAGE 159

It's a . . . Father! 9	
"Everything Begins With a Pencil," 25	
Feeding "The Monster" at IRS, 41—A Toast to Tea, 61	
The Best Thing on TV? Commercials! 75	
It Pays to Enrich Your Word Power, 19—Notes From All Over, 35—Quotable Quotes, 57—News From the World of Medicine, 69—Laughter, 93—Toward More Picturesque Speech, 121—Life in These United States, 144—Personal Glimpses, 181—Points to Ponder, 203	

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He dreamed of becoming a football star. But then came a younger brother who needed him for something more

BY NILAH RODGERS

“It Won’t Hurt, ’Cause You’re My Brother”

FOOTBALL was the most important thing in 14-year-old Todd Conner’s life, until his brother Allen was born, on October 7, 1975. The squirmy nine-pound infant charmed the would-be grid star, and soon Todd was vying with his sister

Lori Ann, 15, for opportunities to help their mother with the new arrival.

One afternoon in November—less than six weeks after the baby’s birth—Todd was holding Allen in the crook of his arm, natural as a



football. As he lowered the baby into the bassinet, he noticed that the infant's head was wet with perspiration. Todd held out a finger and five tiny fingers twined around it. Then, suddenly, the chubby hand tightened convulsively and the baby's body went limp.

"Mother!" Todd shouted. "Something's wrong!"

Unable to revive her infant son, Carolyn Conner rushed Allen 20 miles from their home in Conyers, Ga., to Henrietta Egleston Hospital for Children in Atlanta. There doctors shaved off his blond ringlets and punctured the soft spot on his head with intravenous needles attached to tubes. Physicians probed, palpated and X-rayed; technicians pricked the tiny fingers, drawing blood, and left with pipettes filled, slides carefully smeared and labeled. Nurses collected urine samples, recorded his fluid intake, blood pressure and temperature.

Two days later, the diagnosis showed that Allen had suffered permanent kidney impairment. The two vesico-ureteral valves on the tubes leading from the kidneys to

the bladder did not function properly. Thus, urine flowed back into his kidneys, severely damaging them.

To repair the valves and stop the backup, Allen needed surgery. But he was too young and weak for such an intricate operation. Instead, the surgeons opened Allen's abdomen and made an incision in his bladder so excess urine could drain through a catheter. The major surgery would have to wait until he weighed at least 16 pounds.

The first time he saw his baby brother with the needles inserted into the veins beneath his scalp, Todd turned away. "Does it hurt him?" he asked weakly. Though his father, Perry Conner, and mother and the nurses assured him Allen couldn't feel the needles, Todd's own head hurt in sympathy.

Punch and Balloons. Seven weeks after entering the hospital, Allen was allowed to go home. The interim surgery had put life back into him. He learned to sit up and crawl. However, at seven months, he still weighed less than his birth weight.

One day Todd found him asleep in the family room and saw that his skin was white as talcum powder. Todd's yell immediately brought his mother. She grasped the skin of the baby's abdomen between her thumb and forefinger. Instead of being supple and falling back in place, the pinched-up ridge remained. "He's dehydrated," Carolyn said, gathering Allen up and heading for the hospital.

This time it was five weeks before

doctors let the boy come home, and after they did there was a family council. "The nephrologist says Allen will probably develop kidney failure—possibly before he's a year old," Carolyn explained, her voice shaking.

But during the following weeks, with diet and heavy medication, Allen's condition stabilized. His birthday came and went: Todd organized a party for him, with cake, punch and balloons. He learned to walk, stand on his head, whistle, and pull off his clothes. His favorite pastime was galloping around the house on Todd's back shouting, "Go, horsy!"

By December 15, 1976, Allen weighed 16 pounds and the Atlanta nephrologist told Carolyn Conner that he could now withstand the valve-reimplantation surgery.

Allen knew from his earlier hospitalizations that "losing" his shoes meant pain would follow. When his parents had their tiny son ready for the hospital, Todd bent down and tied a double knot in his brother's shoelaces. "Hang on to these shoes, boy," he said with affection. Then, as the car drove away with Allen waving good-by, Todd prayed: *Dear God, please let him come back.*

The operation went smoothly and Allen returned home on Christmas Eve, weighing 13 pounds. His favorite Christmas toy came from Todd—a big green frog he could ride, even when he felt so bad he couldn't walk. Once again the toddler comman-

deered Todd for his horse and made him his general slave.

"Give Him Mine." Allen's well-being lasted until July 1977. Then he lost his appetite. Nothing, not even Todd's coaxing, could get him to eat enough to maintain his weight.

Doctors suggested gavage—force feeding through a tube inserted in Allen's nose and running into his stomach. With a high-calorie formula and four daily feedings, the boy gained a little weight and grew an inch. Meanwhile, his blood tests, taken every other day, indicated stable kidney function.

Then suddenly in January 1978, the tests showed further deterioration. By mid-January he walked unsteadily, and by mid-February he stumbled occasionally. Again the Conners took him to a specialist in Atlanta. The doctor said he had a bone disease that goes with kidney failure.

By March, Allen could hardly walk. So Todd carried him—the burden of his knowledge far heavier than his little brother. Every time the child was taken to the doctor, Todd insisted on a complete report. Twenty-five times Allen's head had been shaved for intravenous feeding.

Now came new word from the specialist: Allen must go to the University of Minnesota Hospital for hemodialysis, a blood-cleansing process—called dialysis for short.

"The hospital is world-famous for its success in treating kidney diseases in very young children," Carolyn Conner assured her family. Then

after a long pause she added, "Allen will have to have a kidney transplant this summer. If it's successful, it will cure the bone disease too."

For a moment Todd could not speak. Then he lifted his eyes to his parents. "Mine," he said. "I want to give Allen one of my kidneys."

"Todd, your mom and I thought you'd volunteer," his father replied. "But we're against it. If either you or Lori gave a kidney and it didn't work, and then something happened to you . . ." He choked over the words. "Besides, with only one kidney, you might not be able to play football."

"I don't *care* about that!" Todd blurted. "Allen needs a kidney, and when that plane leaves for Minneapolis, I want to be on it with him. You've got to let me be tested."

Dreams of Glory. One week later, Todd and Lori Ann—who had also volunteered a kidney and insisted on being tested—sat with their parents in the office of Dr. John Najarian at the University of Minnesota Hospital. "Rejection is the major concern," Najarian said, "so we check for tissue compatibility. Tissue typing is done through four genetic markers called antigens. For a donor and recipient to be compatible, at least two antigens must match exactly. With a four-antigen match from a sibling, there's a 90- to 95-percent chance of success. It's a 70- to 75-percent chance if the donor is a parent, and 50-50 if it's some other family member."

Perry and Carolyn Conner, and Lori, all proved two-antigen match-

es. Todd showed a four-antigen match—so close to Allen's tissue that only an identical twin could be more compatible. His parents consented to the transplant.

While 2½-year-old Allen continued dialysis as an outpatient, Todd began the psychological testing required before such surgery. One day the topic was sports. The psychologist asked, "You think you're a pretty good football player?"

"Fair," Todd muttered.

"Ever dream of being the fastest back, the highest-scoring end?"

"Yeah, I've thought about it." Todd's voice was high, tense.

When the session was over, Todd went to the dialysis section of the hospital and stood outside the door listening to the soft whir of the machines cleaning his brother's blood—a four-hour, three-times-a-week process. He scuffed his toe, the way he'd do for an onside kick. How did that doctor guess about those dreams? Yes, he would miss sports, especially football. But he'd have something better to take its place: the finest little brother who ever lived.

Tight Fit. On May 10 last year, Todd woke early, long before the scheduled 6:30 a.m. surgery. Despite the pills meant to calm him, butterflies churned in his stomach the way they did before a big game. A hospital orderly bumped open his door with a rolling bed. The 16-year-old climbed aboard and was wheeled off toward surgery.

"Todd!" He heard his brother's

THE READER'S DIGEST

voice, shaky with tears. An attendant pushed another cart toward him with a tiny lump under the sheet—Allen. The little boy looked white and afraid, but his right arm wiggled out from under the sheet, and he waved and smiled.

The orderlies pushed the carts into the same elevator. Allen kicked his sheet off, exposing red sneakers—laced and tied in a double knot! He climbed over on Todd's cart and locked his skinny arms around his brother's neck.

"After today," Todd said huskily, "you're not going to hurt anymore."

"I know," said Allen. Suddenly his chin began to quiver. "Todd, when they give me part of you, will you hurt?"

His little brother had suffered so much, yet here he was worrying about *him*. "Nope," Todd said, pulling Allen close. "It won't hurt me, 'cause you're my brother."

The elevator door slid open and the attendants rolled them toward adjoining operating rooms.

A dozen green-clad doctors and nurses clustered around Allen. An incision was made down the middle of his abdomen, and his shriveled kidneys were removed. Then Dr. Najarian went into the next room where another surgical team had opened Todd halfway around at the waist on one side, to remove the right kidney. Dr. Najarian returned almost immediately, cupping in his big hands something that looked like a shiny wet potato. He placed it in a basin of sterile solution to wash away

the blood and cool the kidney for a better take. Meanwhile, Todd's incision was closed and he was whisked to recovery.

Allen's abdominal cavity looked far too small to accept his brother's kidney, nearly three times the size of his own. It was a tight fit, but the doctors knew that soon after the operation the kidney would shrink to the size Allen needed. Then, as he started to grow, it would grow with him at a normal rate. Six hours elapsed before Dr. Najarian, grinning with relief, reported to the Connors that Todd's kidney was functioning in Allen.

The next day Todd asked to be wheeled down to Allen's room. Through the bed railing the two brothers kissed and repeated each other's names over and over. For the next two weeks, Allen received anti-rejection serum—administered via a tube inserted in his neck during the surgery. Then, 14 days after surgery, Allen and his parents flew home to Georgia. (Todd had left a week earlier.)

Today, nearly a year later, with his doctor's approval, Todd is once again practicing football. Allen runs around the house in a frenzy of activity. Once a month his mother takes him for blood tests at a nearby clinic; the results are phoned to Minnesota for monitoring. For the rest of his life he will take anti-rejection medication. But thanks to Todd's precious gift, the lively 3½-year-old now has a future, a chance for a full and happy life. ❀❀❀